

MEMBERSHIP APPLICATION

(Please Print and Complete Accurately)

Applicant _____ Date of Birth (d/m/y) _____
Spouse (Couple Applicant) _____ Date of Birth(d/m/y) _____
Debenture Holder Yes _____ No _____

Street Address _____ City _____
Postal Code _____
Phone Number _____
Applicant Email _____
Spouse Email _____
Former Golf Club (If Any) _____ Handicap _____

Emergency Contact:

1 _____ Phone# _____
2 _____ Phone # _____

I / We, _____ Give
permission for the Sand Point Golf Course to post member applicant names on our website or in
member newsletter or correspondence: Yes _____ No _____

Upon acceptance as a member, I/We agree to pay all fees, amounts and assessments as
prescribed and governed by the By-Laws, Rules and Regulations of the Sand Point Golf Course
such as fees, amounts and assessments are acknowledged as being "NON REFUNDABLE".

Applicant Signature _____ Date _____
Applicant Signature _____ Date _____

Please state membership type(s):

Please state packages if any:

Cheques are to be made payable to: **Sand Point Golf Course** and mailed to: **881 Kawartha
Drive, Peterborough, ON K9J 6L4**